



PATIENT SATISFACTION AND PERCEIVED QUALITY OF CARE IN THE PULMONOLOGY III DEPARTMENT OF THE PNEUMOFTIZIOLOGY HOSPITAL, GALAȚI, ROMANIA

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ABSTRACT

We conducted a retrospective study evaluating the satisfaction level of inpatients admitted to the Pulmonology Department III of the Pneumoftiziologie Hospital Galați, comparing the years 2023 and 2024.

The paper highlights a significant improvement in patients' perceptions of the quality of medical services provided.

This study is based on the analysis of patient satisfaction questionnaires from 2023–2024, descriptive statistical methods, and the independent sample T-test to assess the significance of observed differences.

Key dimensions evaluated included communication, hygiene, staff availability, transparency of information, and willingness to recommend the institution.

The results indicate an increased level of satisfaction, but also reveal clear areas for improvement regarding facility infrastructure and interpersonal communication.

The conclusions emphasize the positive impact of enhancements in infrastructure, organization, and doctor–patient interaction, while offering concrete recommendations for continuous improvement of care quality.

The study supports the sustained application of the "3S rule": a healthy, satisfied, and safe patient.

Keywords: patient satisfaction, quality of care, quality management, medical communication

Introduction

Quality management represents a central pillar in the functioning of a healthcare facility, ensuring both service efficiency and patient satisfaction. In accordance with Order No. 446/2017 of the Romanian Ministry of Health, the continuous evaluation and improvement of medical services are essential requirements in the hospital accreditation and monitoring process (1).

In the context of the increasing prevalence of respiratory diseases, pulmonology departments play a vital role in public health. Conditions such as asthma, COPD, or pulmonary infections

require high-quality care, a multidisciplinary approach, and effective communication with the patient. The quality of medical services is directly influenced by departmental management, the application of protocols, and the conditions provided to patients, thereby contributing to a reduction in relapses and complications.

According to the Strategic Plan of the Pneumoftiziologie Hospital Galați for 2021–2025, one of the main objectives is the “continuous improvement of medical service quality and patient satisfaction” (2).

The Pneumoftiziologie Hospital of Galați is a public, single-specialty healthcare unit, ranked as the second largest pneumology hospital in the

Moldova region, with responsibilities at regional, county, and local levels. Its organizational structure includes three adult pulmonology departments, one pediatric pulmonology department, and a TB-MDR (multidrug-resistant tuberculosis) unit.

Clinical activity is guided by fundamental principles such as respect for patient rights, equitable access to medical services, safety of medical care, and ongoing development of professional competencies (7).

Patient satisfaction is a key criterion in assessing the quality of healthcare services and is increasingly integrated into modern healthcare management strategies (4). According to the National Patient Satisfaction Evaluation Guide, it reflects not only the patient's perception of received care but also the organizational efficiency of the hospital.

Patient satisfaction evaluation has been integrated as a strategic objective in the 2021–2025 Development Plan of the Pneumoftiziologie Hospital Galați, aiming at continuous improvement of medical quality and adaptability to patient needs (2).

Specialized literature supports that patient satisfaction is influenced by multiple factors: waiting times, the medical staff's professional competence, communication quality, involvement in decision-making, as well as hotel and hygiene conditions (3). Furthermore, the use of standardized evaluation questionnaires facilitates the identification of weaknesses and the formulation of feasible solutions within the management plan.

Study objective: To compare patient perceptions of the medical services provided in Pulmonology Department III during the years 2023 and 2024, based on inpatient satisfaction questionnaires. The study also aims to identify critical areas and propose a plan for improving the management of medical care in Pulmonology Department III, based on the collected patient feedback.

It is evident that by creating an appropriate environment, the medical team can achieve higher performance, which directly contributes to the improvement of medical service quality and population access to effective and efficient

healthcare.

Materials and Methods

This observational, cross-sectional, and quantitative study was conducted based on patient satisfaction questionnaires completed by inpatients admitted to Pulmonology Department III between January 2023 and December 2024.

Data Sources

Anonymously completed satisfaction questionnaires (as per the hospital's internal procedure, questionnaires represent 10% of the total number of monthly inpatients);

Socio-demographic data and responses to items related to care, hygiene, communication, and staff attitude;

Feedback from medical personnel collected during departmental roundtable discussions aimed at resolving identified issues.

Instruments Used

Microsoft Excel and SPSS for descriptive statistical analysis;

Independent samples T-test to compare satisfaction score means between years and across months.

Sample Description

In 2023, a total of 106 patient satisfaction questionnaires were collected and processed by the Quality Management Service (QMS) and the Statistics Department, distributed as follows:

- January: 4 questionnaires
- February: 10 questionnaires
- March: 12 questionnaires
- April: 8 questionnaires
- May: 13 questionnaires
- June: 8 questionnaires
- July: 7 questionnaires
- August: 9 questionnaires
- September: 9 questionnaires
- October: 9 questionnaires
- November: 9 questionnaires
- December: 8 questionnaires

In 2024, a total of 129 patient satisfaction questionnaires were collected and processed by the same departments:

- January: 13 questionnaires
- February: 11 questionnaires
- March: 11 questionnaires
- April: 11 questionnaires

- May: 11 questionnaires
- June: 8 questionnaires
- July: 9 questionnaires
- August: 9 questionnaires
- September: 11 questionnaires
- October: 13 questionnaires
- November: 11 questionnaires
- December: 11 questionnaires

Questionnaire Structure

Patient satisfaction was assessed using a standardized questionnaire in compliance with the requirements of the National Authority for Quality Management in Health (ANMCS), approved through Order No. 8/2018 regarding hospital accreditation tools (5). The instrument includes a core set of 10 closed-ended questions, structured on a 5-point Likert scale (from “Very dissatisfied” to “Very satisfied”), addressing essential aspects of patient experience such as: staff communication, cleanliness, nutrition, ambient noise, transparency in medical procedures, and integrity of services—including the potential perception of informal payment requests.

Additionally, the questionnaire includes binary (yes/no) items regarding patients’ awareness of their rights, informed consent for procedures, identification of their attending physician, and willingness to return to or recommend the hospital. An open-ended section is also provided for comments or suggestions. Questionnaire completion is voluntary and anonymous, with data collected monthly to enable continuous quality monitoring and to inform improvement actions.

Data Analysis Methods

Patient satisfaction data were compiled monthly and stored in digital format. Quantitative analysis was performed using SPSS, employing mean values, medians, and standard deviations for each item. To identify significant differences between 2023 and 2024, an independent samples T-test was applied. Likert-scale responses were analyzed as percentages and compared across years. Visual representations included bar charts, percentage distributions, and domain-specific mean scores. Open-ended responses were qualitatively analyzed through narrative synthesis of recurring themes.

Results

Table 1 Patient satisfaction results

Evaluated Indicator	2023 (%)	2024 (%)
Overall satisfaction	90.48	94.05
Communication with medical staff	94.05	94.05
Respect for patient privacy	100	100
Incidence of informal payment requests	0	0
Information about treatment	100	100
Hygiene and cleanliness	76.19	90.00
Linen and hospital clothing condition	85.00	92.00
Food quality	80.00	88.00
Noise and environmental comfort	72.00	86.00
Willingness to recommend the ward	89.28	95.24

A detailed indicator-based analysis revealed an increase in the overall average satisfaction score from 87.3 in 2023 to 91.2 in 2024, a statistically significant difference ($p < 0.05$). Furthermore, the standard deviation was lower in 2024, suggesting a greater consistency in positive patient feedback.

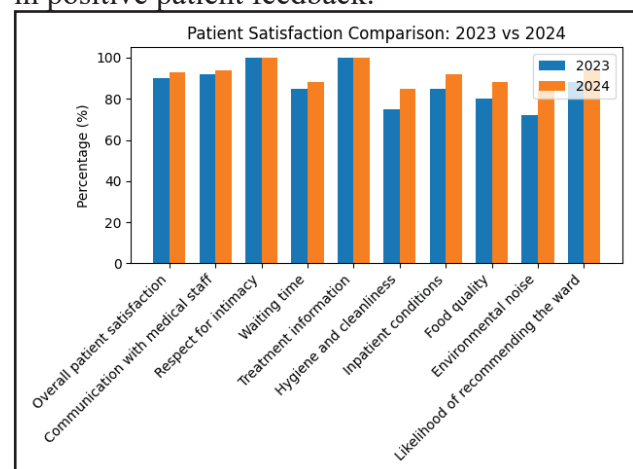


Figure 1 Comparative Chart of Patient Satisfaction: 2023 vs. 2024

Discussion

The performance outcomes recorded in 2024 reflect a notable improvement in the satisfaction levels of inpatients admitted to Pulmonology Department III, compared to the previous year. This progress is supported by significant score increases in key indicators such as cleanliness (+13.81%), environmental comfort

(+14%), and food quality (+8%), highlighting concrete efforts to modernize and optimize inpatient conditions.

A consistently positive aspect is the maintenance of maximum scores for sensitive indicators such as communication with medical staff (94.05%) and respect for patient privacy (100%). These results underscore the professionalism of the healthcare team and the effectiveness of existing feedback mechanisms. Additionally, the complete absence of complaints regarding informal payment requests, confirmed by 100% of patients, strengthens the perception of an ethical and transparent institutional culture.

However, a more detailed analysis of individual components also reveals some limitations. For example, only 76.73% of patients rated the food as “very good,” while 22.71% considered it merely “good” or “partially unsatisfactory” (6). Similarly, the condition of hospital linen and patient clothing was rated as “very good” by only 17.18% of respondents (6), while the majority classified it as “good” or lower. These results point to the need for targeted interventions in areas still perceived as suboptimal.

An additional noteworthy finding is the emotional response of patients upon admission: over 80% reported that their first impression significantly boosted their morale (6). This outcome supports the hypothesis that the initial interaction with medical staff and the conditions in the emergency/intake area have a positive impact on the overall hospitalization experience.

The absence of formal complaints or written suggestions from patients might initially appear as an indicator of general satisfaction. However, this silence may also reflect a reluctance to express critical opinions. Therefore, it is recommended that the standard survey method be supplemented with qualitative tools, such as individual interviews or focus groups, to capture more nuanced feedback.

Finally, the consistent administration of satisfaction questionnaires, their monthly analysis by the hospital’s quality management structures, and the incorporation of patient feedback into improvement plans demonstrate a mature and strategic approach to evaluating service quality. In this context, patient satisfaction should be seen

not only as an outcome but also as a practical tool—one that is vital to the development of a patient-centered healthcare system.

Conclusions

The comparative analysis of data from 2023 and 2024 reveals a significant increase in patient satisfaction levels among those hospitalized in Pulmonology Department III, reflecting the effectiveness of implemented measures aimed at improving hospitalization conditions, patient–staff communication, and the overall safety of medical care.

Progress observed in areas such as hygiene, environmental comfort, and food quality directly correlates with managerial and logistical interventions: optimization of internal workflows, infrastructure modernization, and the updating of hygiene and nutrition policies.

The stability of essential indicators such as effective communication, respect for privacy, and patient information confirms the existence of a patient-centered organizational culture, as well as a high level of medical professionalism and ethics.

The consistent application of satisfaction questionnaires and rigorous statistical analysis of responses enabled the clear identification of patient needs and supported the development of a well-targeted action plan.

The adopted measures included: continuous training of healthcare staff in empathetic communication and clinical management, regular in-service training sessions, and the introduction of an interconnected information system to ensure traceability and continuity of care.

As a result, patients benefited from medical services that were personalized, accessible, continuous, and equitable—key components of an efficient and sustainable healthcare system.

In conclusion, satisfaction questionnaires should be regarded as strategic tools for assessing perceived quality. Their consistent use contributes to informed decision-making and strengthens a culture of continuous improvement within the healthcare system.

Abbreviations

The following abbreviations are used in this manuscript:

ANMCS – National Authority for Quality

Management in Health (Romania)

QMS – Quality Management System

SPSS – Statistical Package for the Social Sciences

COPD – Chronic Obstructive Pulmonary Disease

MDR-TB – Multidrug-Resistant Tuberculosis

MS – Ministry of Health (Romania)

WHO – World Health Organization

KPI – Key Performance Indicator

SD – Standard Deviation

ICU – Intensive Care Unit

NHPQ – National Hospital Patient Questionnaire

SOP – Standard Operating Procedure

LHS – Likert-scale Hospital Survey

GDPR – General Data Protection Regulation

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